

Fill in this information to identify the case:

United States Bankruptcy Court for the:

EASTERN District of MICHIGAN
(State)

Case number (if known): _____ Chapter _____

Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

SAGINAW VALLEY NEUROLOGY PLLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN)

26-4234185

4. Debtor's address

Principal place of business

4705 TOWNE CENTRE RD

Number Street

Suite 302

SAGINAW MI 48604

City State ZIP Code

County

USA

Mailing address, if different from principal place of business

4094 CARMEL DR

Number Street

P.O. Box

SAGINAW MI 48603

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

Debtor

SAGINAW VALLEY NEUROLOGY PLLC.

Case number (if known) _____

6. Type of debtor

- Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
 Partnership (excluding LLP)
 Other. Specify: _____

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply:

- Tax-exempt entity (as described in 26 U.S.C. § 501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
 Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

Check one:

- Chapter 7
 Chapter 9

Chapter 11. Check all that apply:

- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

Debtor

Name SAGINAW VALLEY NEUROLOGY PLLC Case number (if known) _____

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

If more than 2 cases, attach a separate list.

No

Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

List all cases. If more than 1, attach a separate list.

No

Yes. Debtor _____ Relationship _____

District _____ When _____ MM / DD / YYYY

Case number, if known _____

11. Why is the case filed in *this* district?

Check all that apply:

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____

Number _____ Street _____

City _____ State ZIP Code _____

Is the property insured?

No N/A

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

Debtor

Name

SAGINAW VALLEY NEUROLOGY
PLLC

Case number (if known)

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
 After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- 1-49
 50-99
 100-199
 200-999

- 1,000-5,000
 5,001-10,000
 10,001-25,000

- 25,001-50,000
 50,001-100,000
 More than 100,000

15. Estimated assets

- \$0-\$50,000
 \$50,001-\$100,000
 \$100,001-\$500,000
 \$500,001-\$1 million

- \$1,000,001-\$10 million
 \$10,000,001-\$50 million
 \$50,000,001-\$100 million
 \$100,000,001-\$500 million

- \$500,000,001-\$1 billion
 \$1,000,000,001-\$10 billion
 \$10,000,000,001-\$50 billion
 More than \$50 billion

16. Estimated liabilities

- \$0-\$50,000
 \$50,001-\$100,000
 \$100,001-\$500,000
 \$500,001-\$1 million

- \$1,000,001-\$10 million
 \$10,000,001-\$50 million
 \$50,000,001-\$100 million
 \$100,000,001-\$500 million

- \$500,000,001-\$1 billion
 \$1,000,000,001-\$10 billion
 \$10,000,000,001-\$50 billion
 More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/25/2023
MM / DD / YYYY


Signature of authorized representative of debtor

IFTIKHAR KHAN
Printed name

Title RESIDENT AGENT

Debtor

SAGINAW VALLEY NEUROLOGY, PLLC Case number (if known) _____
Name _____

18. Signature of attorney

X

Signature of attorney for debtor

Date

MM / DD / YYYY

Printed name _____

Firm name _____

Number Street _____

City _____ State _____ ZIP Code _____

Contact phone _____ Email address _____

Bar number _____ State _____

Fill in this information to identify the case:

Debtor name SAGINAW VALLEY NEUROLOGY PLLC
United States Bankruptcy Court for the: EASTERN District of MI
(State)
Case number (If known): _____

Check if this is an amended filing

FILED 09/26/23 09:35:29
US BANKRUPTCY COURT - MI

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from Schedule A/B.....

\$ 0

1b. Total personal property:

Copy line 91A from Schedule A/B.....

\$ 0

1c. Total of all property:

Copy line 92 from Schedule A/B.....

\$ 0

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D.....

\$ 0

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of Schedule E/F.....

\$ 0

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

+ \$ 41539 44

4. Total liabilities.....

Lines 2 + 3a + 3b

\$ 41539 44

Fill in this information to identify the case:

Debtor name SAGINAW VALLEY NEUROLOGY PLLC

United States Bankruptcy Court for the: EASTERN District of MI
(State)

Case number (if known): _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

\$ 0

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

3.1. PNC BANK

Type of account

CHECKING

Last 4 digits of account number

2728

\$ 0

\$ _____

4. Other cash equivalents (Identify all)

4.1. _____

\$ 0

4.2. _____

\$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 0

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. _____

\$ 0

7.2. _____

\$ _____

Debtor

SAGINAW VALLEY NEUROLOGY PLLC
Name _____ Case number (if known) _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. N/A \$ 0

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less: face amount - doubtful or uncollectible accounts = → \$ _____

11b. Over 90 days old: face amount - doubtful or uncollectible accounts = → \$ _____

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ _____

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.

Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1. _____ \$ _____
14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % \$ _____
15.2. _____ % \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____
16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ 0

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.

Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	N/A	\$ _____	_____	\$ <u>✓</u>
20. Work in progress	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies	MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5				\$ <u>✓</u>

Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

- No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
 Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.

Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$ _____	_____	\$ _____
29. Farm animals Examples: Livestock, poultry, farm-raised fish	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6	\$ _____	_____	\$ _____

Debtor

SAGINAW VALLEY NEUROLOGY
PLLC

Case number (if known) _____

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative? No Yes. Is any of the debtor's property stored at the cooperative? No Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?** No Yes. Book value \$ _____ Valuation method _____ Current value \$ _____**36. Is a depreciation schedule available for any of the property listed in Part 6?** No Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?** No Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?** No. Go to Part 8. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

39. Office furniture

\$ _____ \$ _____ \$ _____

40. Office fixtures

\$ _____ \$ _____ \$ _____

41. Office equipment, including all computer equipment and communication systems equipment and software

\$ _____ \$ _____ \$ _____

42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

42.1 _____ \$ _____ \$ _____ \$ _____

42.2 _____ \$ _____ \$ _____ \$ _____

42.3 _____ \$ _____ \$ _____ \$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ _____

44. Is a depreciation schedule available for any of the property listed in Part 7? No Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?** No Yes

Debtor

SAGINAW VALLEY NEUROLOGY
PLLC

Name

Case number (if known) _____

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?** No. Go to Part 9. Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	---	------------------------------------

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

_____	\$ _____	_____	\$ _____
-------	----------	-------	----------

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
 Yes

Part 9: Real property**54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property <small>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	\$ _____	_____	\$ _____
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
 Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ _____

Debtor

SAGINAW VALLEY NEUROLOGY
PLLC

Case number (if known) _____

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

 No. Go to Part 12. Yes. Fill in the information below.Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

Total face amount - doubtful or uncollectible amount = \$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Tax year _____
\$ _____
Tax year _____
\$ _____
Tax year _____
\$ _____

73. Interests in insurance policies or annuities

\$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\$ _____

Nature of claim _____
Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\$ _____

Nature of claim _____
Amount requested \$ _____

76. Trusts, equitable or future interests in property

\$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\$ _____
\$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
 Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ <u>0</u>	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ <u>0</u>	
82. Accounts receivable. Copy line 12, Part 3.	\$ <u>0</u>	
83. Investments. Copy line 17, Part 4.	\$ <u>0</u>	
84. Inventory. Copy line 23, Part 5.	\$ <u>0</u>	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ <u>0</u>	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ <u>0</u>	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ <u>0</u>	
88. Real property. Copy line 56, Part 9.	→	\$ <u>0</u>
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ <u>0</u>	
90. All other assets. Copy line 78, Part 11.	+ \$ <u>0</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ <u>0</u>	+ 91b. \$ <u>0</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ <u>0</u>

Fill in this information to identify the case:

Debtor name SAGINAW VALLEY NEUROLOGY PLLC

United States Bankruptcy Court for the: EASTERN District of MI
(State)

Case number (if known): _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

N/A

2.1 Creditor's name

Describe debtor's property that is subject to a lien

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

\$ _____ \$ _____

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Date debt was incurred _____

Last 4 digits of account
number _____

Do multiple creditors have an interest in the
same property?

No

Yes. Specify each creditor, including this creditor,
and its relative priority.

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
 Unliquidated
 Disputed

2.2 Creditor's name

Describe debtor's property that is subject to a lien

\$ _____ \$ _____

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Date debt was incurred _____

Last 4 digits of account
number _____

Do multiple creditors have an interest in the
same property?

No

Yes. Have you already specified the relative
priority?
 No. Specify each creditor, including this
creditor, and its relative priority.

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Yes. The relative priority of creditors is
specified on lines _____

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional
Page, if any.

\$ _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

N/A

Column A	Column B
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim

2. Creditor's name	Describe debtor's property that is subject to a lien	
	\$	\$
Creditor's mailing address		
Creditor's email address, if known	Describe the lien	
Date debt was incurred	Is the creditor an insider or related party?	
Last 4 digits of account number	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do multiple creditors have an interest in the same property?	Is anyone else liable on this claim?	
<input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
As of the petition filing date, the claim is: Check all that apply.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Creditor's name	Describe debtor's property that is subject to a lien	
	\$	\$
Creditor's mailing address		
Creditor's email address, if known	Describe the lien	
Date debt was incurred	Is the creditor an insider or related party?	
Last 4 digits of account number	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do multiple creditors have an interest in the same property?	Is anyone else liable on this claim?	
<input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
As of the petition filing date, the claim is: Check all that apply.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1
did you enter the
related creditor?

Last 4 digits of
account number
for this entity

Line 2. _____

Fill in this information to identify the case:

Debtor SAGINAW VALLEY NEUROLOGY PLLC
United States Bankruptcy Court for the: EASTERN District of MICHIGAN
(State)
Case number _____
(If known)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

- 1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).**

No. Go to Part 2.

Yes. Go to line 2.

- 2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address <i>N/A</i>	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred	Basis for the claim: _____	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		
2.2 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred	Basis for the claim: _____	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		
2.3 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred	Basis for the claim: _____	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

N/A

2. Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Total claim	Priority amount
_____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____	\$ _____
Date or dates debt was incurred	Basis for the claim:	_____	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	_____		
2. Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ _____	\$ _____
_____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____	\$ _____
Date or dates debt was incurred	Basis for the claim:	_____	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	_____		
2. Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ _____	\$ _____
_____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____	\$ _____
Date or dates debt was incurred	Basis for the claim:	_____	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	_____		
2. Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ _____	\$ _____
_____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____	\$ _____
Date or dates debt was incurred	Basis for the claim:	_____	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	_____		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim
3.1 Nonpriority creditor's name and mailing address VERADIGM LLC Via Attorney - CAREN D. ENLOE 4601 SIX FORKS RD SUITE 400 RE RALEIGH, NC 27609 Date or dates debt was incurred UNKNOWN Last 4 digits of account number CENLOE@SMITHDEB.NMLAW.COM	\$ 41539.44
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Basis for the claim: Software	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2 Nonpriority creditor's name and mailing address _____	\$ _____
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Basis for the claim: _____	
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.3 Nonpriority creditor's name and mailing address _____	\$ _____
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Basis for the claim: _____	
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.4 Nonpriority creditor's name and mailing address _____	\$ _____
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Basis for the claim: _____	
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.5 Nonpriority creditor's name and mailing address _____	\$ _____
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Basis for the claim: _____	
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.6 Nonpriority creditor's name and mailing address _____	\$ _____
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Basis for the claim: _____	
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim _____

3. <input type="checkbox"/>	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ _____
Date or dates debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____	
		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. <input type="checkbox"/>	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____	
		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. <input type="checkbox"/>	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____	
		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. <input type="checkbox"/>	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____	
		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3:

List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

N/A

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

4.1.

Line _____

 Not listed. Explain _____

4.2.

Line _____

 Not listed. Explain _____

4.3.

Line _____

 Not listed. Explain _____

4.4.

Line _____

 Not listed. Explain _____

4.5.

Line _____

 Not listed. Explain _____

4.6.

Line _____

 Not listed. Explain _____

4.7.

Line _____

 Not listed. Explain _____

4.8.

Line _____

 Not listed. Explain _____

4.9.

Line _____

 Not listed. Explain _____

4.10.

Line _____

 Not listed. Explain _____

4.11.

Line _____

 Not listed. Explain _____

Debtor

SAGINAW VALLEY NEUROLOGY PLLC
Name

Case number (if known) _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ _____
5b. Total claims from Part 2	5b. + \$ <u>415 39⁴⁴</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. <u>\$ 415 39⁴⁴</u> ↗

Fill in this information to identify the case:

Debtor name	SAGINAW VALLEY NEUROLOGY PLLC		
United States Bankruptcy Court for the:	Eastern	District of	Michigan
Case number (if known):			
	Chapter		

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

2. List all contracts and unexpired leases

N/A

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

List all contracts and unexpired leases

N/A

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.

State what the contract or lease is for and the nature of the debtor's interest

2.

State the term remaining

List the contract number of any government contract

2.

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.****List all contracts and unexpired leases**

N/A

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2. _____	State what the contract or lease is for and the nature of the debtor's interest _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease _____ _____
2. _____	State the term remaining _____ List the contract number of any government contract _____	 _____ _____
2. _____	State what the contract or lease is for and the nature of the debtor's interest _____ _____	 _____ _____
2. _____	State the term remaining _____ List the contract number of any government contract _____	 _____ _____
2. _____	State what the contract or lease is for and the nature of the debtor's interest _____ _____	 _____ _____
2. _____	State the term remaining _____ List the contract number of any government contract _____	 _____ _____
2. _____	State what the contract or lease is for and the nature of the debtor's interest _____ _____	 _____ _____
2. _____	State the term remaining _____ List the contract number of any government contract _____	 _____ _____
2. _____	State what the contract or lease is for and the nature of the debtor's interest _____ _____	 _____ _____
2. _____	State the term remaining _____ List the contract number of any government contract _____	 _____ _____
2. _____	State what the contract or lease is for and the nature of the debtor's interest _____ _____	 _____ _____
2. _____	State the term remaining _____ List the contract number of any government contract _____	 _____ _____

Fill in this information to identify the case:

Debtor name SAGINAW VALLEY NEUROLOGY PLLC
United States Bankruptcy Court for the: EASTERN District of MI
(State)
Case number (if known): _____

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

N/A

Column 2: Creditor

	Name	Mailing address	Name	Check all schedules that apply:
2.1		Street _____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ ZIP Code _____		
2.2		Street _____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ ZIP Code _____		
2.3		Street _____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ ZIP Code _____		
2.4		Street _____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ ZIP Code _____		
2.5		Street _____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ ZIP Code _____		
2.6		Street _____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ ZIP Code _____		

Debtor

SAGINAW VALLEY NEUROLOGY PLLC

Name

Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

**Check all schedules
that apply:**

2. _____

Mailing address

N/A

Street _____

- D
 E/F
 G

2. _____

City _____ State _____ ZIP Code _____

- D
 E/F
 G

2. _____

Street _____

- D
 E/F
 G

2. _____

City _____ State _____ ZIP Code _____

- D
 E/F
 G

2. _____

Street _____

- D
 E/F
 G

2. _____

City _____ State _____ ZIP Code _____

- D
 E/F
 G

2. _____

Street _____

- D
 E/F
 G

2. _____

City _____ State _____ ZIP Code _____

- D
 E/F
 G

2. _____

Street _____

- D
 E/F
 G

2. _____

City _____ State _____ ZIP Code _____

- D
 E/F
 G

Street _____

City _____ State _____ ZIP Code _____

Fill in this information to identify the case and this filing:

Debtor Name SAGINAW VALLEY NEUROLOGY PLLC
United States Bankruptcy Court for the: EASTERN District of MI
(State)
Case number (if known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/26/2023
MM / DD / YYYY

x

Signature of individual signing on behalf of debtor

Printed name

IETIKHAR KHAN
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name SAGINAW VALLEY NEUROLOGY PLLC
United States Bankruptcy Court for the: EASTERN District of MI
(State)
Case number (if known): _____

Check if this is an
amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date: From 01/01/2023 to _____ Filing date _____ \$ 0

Operating a business
 Other _____

For prior year: From 01/01/2022 to 12/31/2022 MM/DD/YYYY MM/DD/YYYY \$ 42500

Operating a business
 Other _____

For the year before that: From 01/01/2021 to 12/31/2022 MM/DD/YYYY MM/DD/YYYY \$ 43850

Operating a business
 Other _____

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date: From _____ to _____ Filing date _____ \$ 0

MM / DD / YYYY

For prior year: From _____ to _____ MM / DD / YYYY MM / DD / YYYY \$ 0

MM / DD / YYYY

For the year before that: From _____ to _____ MM / DD / YYYY MM / DD / YYYY \$ 0

MM / DD / YYYY

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1.		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
Creditor's name			
Street			
City _____ State _____ ZIP Code _____			
3.2.		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
Creditor's name			
Street			
City _____ State _____ ZIP Code _____			

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1.		\$ _____	
Insider's name			
Street			
City _____ State _____ ZIP Code _____			
Relationship to debtor			

4.2.		\$ _____	
Insider's name			
Street			
City _____ State _____ ZIP Code _____			
Relationship to debtor			

Debtor

SAGINAW VALLEY NEUROLOGY
PLLC

Case number (if known) _____

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

 None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____
5.2. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

 None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____
	Last 4 digits of account number: XXXX- _____		

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

 None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Case title _____	_____	Name _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____			
Case title _____	_____	Court or agency's name and address	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Case title _____	_____	Name _____ Street _____ City _____ State _____ ZIP Code _____	
Case number _____			

Debtor

SAGINAW VALLEY NEUROLOGY
PLLC

Name

Case number (if known) _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

 None

Custodian's name and address

Description of the property

Value

\$ _____

Custodian's name

Case title

Court name and address

Street

Case number

Name

City

State

ZIP Code

Date of order or assignment

City

State

ZIP Code

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

 None

Recipient's name and address

Description of the gifts or contributions

Dates given

Value

\$ _____

9.1. Recipient's name

Street

City

State

ZIP Code

Recipient's relationship to debtor

\$ _____

9.2. Recipient's name

Street

City

State

ZIP Code

Recipient's relationship to debtor

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

 None

Description of the property lost and how the loss occurred

Amount of payments received for the loss

Date of loss

Value of property lost

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

\$ _____

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
--	---	-------	-----------------------

11.1. _____ \$ _____

Address _____

Street _____

City _____ State _____ ZIP Code _____

Email or website address _____

Who made the payment, if not debtor?

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
--	---	-------	-----------------------

11.2. _____ \$ _____

Address _____

Street _____

City _____ State _____ ZIP Code _____

Email or website address _____

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

_____ \$ _____

Trustee _____

Debtor

SAGINAW VALLEY NEUROLOGY
PLLC

Name

Case number (if known)

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?

Description of property transferred or payments received
or debts paid in exchange

Date transfer
was made

Total amount or
value

13.1.

\$ _____

Address

Street

City _____ State _____ ZIP Code _____

Relationship to debtor

Who received transfer?

\$ _____

13.2.

Address

Street

City _____ State _____ ZIP Code _____

Relationship to debtor

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address

Dates of occupancy

14.1.

Street

From _____ To _____

City _____ State _____ ZIP Code _____

14.2.

Street

From _____ To _____

City _____ State _____ ZIP Code _____

Name SAGINAW VALLEY NEUROLOGY PLLC

Case number (if known) _____

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1. SAGINAW VALLEY NEUROLOGY: Used to be a physician office

Facility name

till Dec 2018

4705 TOWNE CENTRE RD

Street

Suite # 302

SAGINAW MI 48604

City

State

ZIP Code

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

None - since Dec 2018

How are records kept?

Check all that apply:

- Electronically
- Paper

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.2.

Facility name

Street

City

State

ZIP Code

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- Electronically
- Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

No.

Yes. State the nature of the information collected and retained.

Does the debtor have a privacy policy about that information?

No

Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

No. Go to Part 10.

Yes. Fill in below:

Name of plan

SEP 20

Employer identification number of the plan

EIN: 26-4234185

Has the plan been terminated?

No

Yes

Debtor

SAGINAW VALLEY NEUROLOGY
PLLC

Case number (if known) _____

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial institution name and address

Last 4 digits of account number

Type of account

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

18.1.

Name

XXXX-_____

 Checking

\$

Street

 Savings

City

State

ZIP Code

 Money market Brokerage Other _____

18.2.

Name

XXXX-_____

 Checking

\$

Street

 Savings

City

State

ZIP Code

 Money market Brokerage Other _____**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address

Names of anyone with access to it

Description of the contents

Does debtor still have it?

Name

No
 Yes

Street

City

State

ZIP Code

Address

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address

Names of anyone with access to it

Description of the contents

Does debtor still have it?

Name

No
 Yes

Street

City

State

ZIP Code

Address

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address

Location of the property

Description of the property

Value

\$ _____

Name _____

Street _____

City _____

State _____

ZIP Code _____

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Provide details below.

Case title _____

Court or agency name and address _____

Nature of the case _____

Status of case _____

- Pending
 On appeal
 Concluded

Case number _____

Name _____

Street _____

City _____

State _____

ZIP Code _____

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Provide details below.

Site name and address _____

Governmental unit name and address _____

Environmental law, if known _____

Date of notice _____

Name _____

Name _____

Street _____

Street _____

City _____

State _____

ZIP Code _____

City _____

State _____

ZIP Code _____

Debtor

SAGINAW VALLEY NEUROLOGY
PLLC

Case number (if known) _____

24. Has the debtor notified any governmental unit of any release of hazardous material?

- No N/A
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	Name _____ Street _____ _____ City _____ State _____ ZIP Code _____		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1.	<u>IF TIKHAR KHAN MD PLLC</u> Name _____ <u>4705 Towne Center</u> Street _____ <u>Suite 302</u> City _____ State _____ ZIP Code _____		EIN: <u>92-3987613</u> Dates business existed From <u>May 2023</u> To <u>Continued -</u>
25.2.	Business name and address Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	Describe the nature of the business _____ _____	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
25.3.	Business name and address Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	Describe the nature of the business _____ _____	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____

Debtor

SAGINAW VALLEY NEUROLOGY
PLLC

Name

Case number (if known) _____

26. Books, records, and financial statements

- 26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address

26a.1. Name Yeo & Yeo CPA
Street 5300 Bay Rd

Dates of service

From 2011 To current

City Saginaw State MI ZIP Code 48604

Name and address

26a.2. Name _____

Street _____

City _____ State _____ ZIP Code _____

- 26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address

Dates of service

From _____ To _____

26b.1. Name _____

Street _____

City _____ State _____ ZIP Code _____

Name and address

Dates of service

From _____ To _____

26b.2. Name _____

Street _____

City _____ State _____ ZIP Code _____

- 26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address

If any books of account and records are unavailable, explain why _____

26c.1. Name _____

Street _____

City _____ State _____ ZIP Code _____

Debtor

SAGINAW VALLEY NEUROLOGY PLLC
Name _____ Case number (if known) _____

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Name _____

Street _____

City _____

State _____

ZIP Code _____

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

26d.1.

Name _____

Street _____

City _____

State _____

ZIP Code _____

Name and address

26d.2.

Name _____

Street _____

City _____

State _____

ZIP Code _____

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of
Inventory

The dollar amount and basis (cost, market, or
other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.1.

Name _____

Street _____

City _____

State _____

ZIP Code _____

Debtor

SAGINAW VALLEY NEUROLOGY PLLC

Name

Case number (if known)

Name of the person who supervised the taking of the inventory

Date of
inventoryThe dollar amount and basis (cost, market, or
other basis) of each inventory

\$

Name and address of the person who has possession of inventory records

27.2

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name

Address

Position and nature of any
interest

% of interest, if any

<u>IF TIKHAR KHAN (Resident Agent)</u>	<u>4705 Towne Center #302 Saginaw, MI, 48604</u>	<u>President, Treasurer & Secretary</u>	<u>100%</u>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

 No Yes. Identify below.

Name

Address

Position and nature of
any interestPeriod during which
position or interest was
held

From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

 No Yes. Identify below.

Name and address of recipient

Amount of money or
description and value of
property

Dates

Reason for
providing the value

30.1.

Name

Street

City

State

ZIP Code

Relationship to debtor

Debtor

SAGINAW VALLEY NEUROLOGY
PLLC

Name

Case number (if known) _____

Name and address of recipient

30.2

Name _____

Street _____

City _____ State _____ ZIP Code _____

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No

Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No

Yes. Identify below.

Name of the pension fund
SEP 20

Employer Identification number of the pension fund

EIN: 26-4234185

Part 14: Signature and Declaration

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.**

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/25/2023
MM DD YYYY

Iftikhar Khan

Printed name IFTIKHAR KHAN

Signature of individual signing on behalf of the debtor

Position or relationship to debtor RESIDENT AGENT

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes